

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40954  
STATE FILE NUMBER

FILED NOV 26 1957 Registration District No. 170 Primary Registration District No. 5626 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BRIDGE T.S.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Eldon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Long Nursing Home</b>		Length of stay in lb <b>12 hours</b>	d. STREET ADDRESS <b>503 E. 4th</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ANNIE</b> Middle <b>MARIA</b> Last <b>OLIVER</b>			4. DATE OF DEATH <b>Nov. 19, 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Caucasian</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 13, 1858</b>	9. AGE (In years last birthday) <b>99</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (City and state or country) <b>Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>James Perkins</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Lena Oliver</b>		Address <b>Topeka, Kans.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b> DUE TO (b) <b>Circulatory Failure (acute)</b> DUE TO (c) <b>Congestive Heart Failure</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Senility</b>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <b>a. m.</b> Month, Day, Year <b>p. m.</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>Nov 17, 1957</b> to <b>Nov 17, 1957</b> and last saw her <b>alive</b> on <b>Nov 17, 1957</b> . Death occurred at <b>4:30 A.M.</b> m on the date stated above; and to the best of my knowledge, from the cause stated.					
22a. SIGNATURE <b>Robert O. Stenderly, Do</b> (Degree or title)			22b. ADDRESS <b>Eldon, Mo</b>		22c. DATE SIGNED <b>11/20/57</b>
23a. BURIAL, CREMATION, REMOVAL (State) <b>Burial</b>	23b. DATE <b>Nov. 21-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant</b>		23d. LOCATION (City, town, or county) (State) <b>Eldon, Missouri</b>	
24. FUNERAL DIRECTOR <b>Louis A. Quinn</b> ADDRESS <b>Quinn</b>		25. DATE RECD. BY LOCAL REG. <b>11-21-1957</b>	26. REGISTRAR'S SIGNATURE <b>Hella L. Day</b>		

Received 11-25-57

Laclede County Health Unit

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Date Filed 11-25-57

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Louis D. Phillips, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:  
If this body is not embalmed, fact should be so stated above.